

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for dates of service 12-10-01, 12-14-01, 12-18-01 and 12-20-01.
- b. The request was received on 8-5-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 9-9-02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 9-10-02. The response from the insurance carrier was received in the Division on 9-11-02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Additional Information Submitted by the Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 8-1-02:

"I am filing for dispute resolution because in this case, the patient received massage therapy and spinal manipulation on the same day. The insurance company feels that they are justified in using a Medicare (Correct Coding Initiative) edit to deny payment of the massage therapy services this workers' compensation patient received. This edit is not included in the TWCC Medical Fee Guideline."

2. Respondent: Position statement taken from PART III on the TWCC 60:
 “Massage has been denied when billed with 97250 myofascial release which included treatment to one or more areas.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 12-10-01 through 12-20-01.
2. The carrier denied the billed services as reflected on the EOBs as “G – U693 BY CLINICAL PRACTICE STANDARDS, THIS PROCEDURE IS INCIDENTAL TO THE RELATED PRIMARY PROCEDURE BILLED.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
12-10-01	97124	\$28.00	\$-0-	G	\$28.00	MFG: Medicine Ground Rules (I) (10); CPT Descriptor	<p>The Carrier denied the disputed services as “G” and “D”.</p> <p>The CPT code 97124 is defined as “massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion).”</p> <p>CPT Code 97124 is not global to any other code billed on the dates in dispute. However, the Medical Review Division must determine that the services rendered were actually performed before reimbursement can be recommended.</p> <p>Medical documentation reflected that the patient’s plan listed massage for suboccipital and cervical paraspinal muscles. The documentation however, did not support that the services were actually performed on any of the dates in dispute.</p> <p>Therefore, no reimbursement can be recommended.</p>
12-14-01	97124	\$28.00	\$-0-	G			
12-18-01	97124	\$28.00	\$-0-	D			
12-20-01	97124	\$28.00	\$-0-	G			
Totals		\$112.00	\$-0-				The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 11th day of January 2003.

Lesa Lenart
 Medical Dispute Resolution Officer
 Medical Review Division

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